



"Let those of us who opposed the present administration accept and support it wholeheartedly and during this emergency withhold criticism of it except when we have constructive suggestions to make."

—FRANK H. LAHEY, M. D.

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PRESIDENT'S PAGE

When those patriotic, far-sighted men who laid the foundation of our United States of America, declared "that all men are created equal" and are "endowed by their Creator" with the "unalienable rights" of "Life, Liberty, and the Pursuit of Happiness" they defined briefly but clearly, what we today know as the American Way of Life: a way of life which sets up the state as the servant of the people instead of the people the slaves of the state; a way of life that permits growth of individual initiative, inventiveness and skill; a way of life that honors individual perseverance, thrift and industry, with resulting self-reliance and financial security; a way of life that guarantees to everyone "the right to think without restraint and to voice thoughts with words without limitations or restriction; a way of life that permits cultural development of individual mental and physical powers to the end that the nation and the race are benefited, honored and glorified. Yes, they bequeathed to us living in America a priceless heritage!

Nourished in this atmosphere American Medicine and Surgery has grown year by year, and generation by generation, from a groping infant that was in its early years fostered by its European parentage, to the scholarly, refined, and skillful adult that is the American Medicine and Surgery of today—a medical and surgical giant that is the outstanding leader in all its myriad branches throughout the world.

Free men with fearless minds, founded medical schools and colleges and established laboratories for study and research. There has been ceaseless probing and searching into the unknown for purposes of conquering disease. They have continuously improved institutions of learning, hospitals and laboratories. They have progressively provided a higher and higher quality of medical service to the public.

What has been accomplished speaks for itself!

In the short period of one-hundred and fifty years, in the United States, the life expectancy of man has been raised from 35 years to 62 years—the number of years a man will live has been nearly doubled.

During this period, typhoid fever has well nigh disappeared; small-pox has been robbed of its terror; diphtheria has been conquered; pernicious anemia, tuberculosis, diabetes, pneumonia, yellow fever, malaria, and a score of lesser ailments have been brought under control. Infant mortality has been reduced 20% in the years between 1932-39. Today a child born into an average American home has the prospect of living more than 10 years longer than a child born into a similar home in any other great nation in the world.

Maternal death rate has been reduced 32% in the past eight years.

American Medicine gave to the United States in 1938, the highest general level of health and the lowest death rate ever known for any comparable number of people anywhere in the world.

American Medicine is not static! It is constantly working not only to increase and disburse medical knowledge, produce better drugs and methods of therapy, increase technical skill, raise the scientific and ethical standards of medical practice, but also to make more universally available, the benefits of scientific medicine and surgery to all classes of our population.

Yet in face of this unparalleled record of accomplishments, there are

(Continued on Page 175)

BULLETIN

of the
Mahoning County Medical Society

J U N E

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Editorials---

When the Doctor Joins the Army

Already several of our members have entered Army Service. Almost certainly, the day will come soon for many others to join up.

It is right for the rest of us who, because of age or other forms of military incompetence, will remain at home, to defend as best we can the material interests of those called into service.

The doctors of Pennsylvania, working through the County Medical Societies, are providing through a locum tenens arrangement that half of the proceeds from patients whose doctors have entered the Army shall be paid into a fund credited to the absent doctors. Every new patient is asked as to his last previous physician, and if such happens to be one of our military defenders, half of all net proceeds for medical service collected will go to the soldier-doctor.

Then, when the absent doctor returns home, every one of his patients will be sent back to him.

If this plan, or something in the same spirit, is carried out in good faith, it will mark a new high-level of unselfish humanitarianism, worth more, beyond doubt to the Profession of Medicine as a whole than many times the money actually involved.

Last year the House of Delegates of the A. M. A. expressed the wish that some such policy should be evolved by all the States. Shall we of Ohio be less considerate of our fellows than the Quaker Boys.

A Medical Service Plan

Dr. L. K. Reed and his Committee on Economics, have presented to the Council of our Society a plan for prepayment of medical service by those of low incomes.

The plan is a good, reasonable plan. Time probably will reveal a lot of defects in it, but that is to be expected. No doubt some clauses in it ought to be revised or eliminated now, rather than to leave them in at all. Fees charged will surely have to be revised from time to time. Experience is very limited everywhere with this sort of thing. Precise data upon which to base the various clauses and practices are entirely lacking, and may be had only by launching the project, and studying the results.

Without much more "tinkering" with the mechanics, with but a few corrections as stated above, it seems wise to make a start.

No More Fooling

At least it seems that messing around as to our defense efforts is about to end. With an administration in power at Washington committed to about every possible demand, wise and otherwise, that labor has made for the past eight years, we have just witnessed the disgusting spectacle of an unpatriotic strike right in our own midst and against the government itself. Worse still, that strike was in an industry engaged, not in commercial production, but in an enterprise with one purpose only—the production of instruments of national defense.

Such actions as that will lose for



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labor every gain that has been made. Why DO people act so stupidly? Many of us have been sincerely sympathetic with much that has been done. How can we remain so if the voice of duty and patriotism will not be heard?

Our doctors are being called to service. This, therefore, is our business. Let there be no more strikes;

let nothing slow us up in preparing, if not for war at least for our own protection. Anything less is unpatriotic and should and will receive the united, determined opposition of our Profession.

What are you going to do about this, Mr. Roosevelt? Shall it be "we the people," or selfish saboteurs, whose wishes you will respect?

PRESIDENT'S PAGE

(Continued from Page 172)

false prophets in our land who advise us to turn from the American Way of Life in medicine and in a revolutionary way, change to governmental paternalism in medical practice. To change from a system which has for its chief objective the well-being of the individual from the standpoint of health and medical service, to one which will have as its chief advantage the welfare of the politician which would accrue through control of medicine, medical practice and hospitalization by government.

Regimentation inevitably stifles initiative and places a brake on progress. During the past 50 years, medical practice in England, France, Germany, Russia and many other European countries has been subjected to government control and administration for varying lengths of time and in varying degrees and during this time while American Medicine has moved steadily forward to world leadership, European Medicine has slowly but surely deteriorated and declined from the place it once held.

In Germany under State Medicine, tuberculosis, scarlet fever, diphtheria, rickets and dysentery are on the increase and morbidity and mortality rates for sickness are steadily growing. In both England and Germany under government medicine heart disease, diabetes and cancer are increasing from one-half to two and one-half times as rapidly as in America.

Let us rather be mindful of the fact that the greatest advancement in medical science, that of the past century, has taken place in the period and in the land characterized by the greatest human liberty and freedom from political restraint.

The fact is that American Medicine has provided the most effective and the most widely distributed medical and hospital service in the world. Let us not be misled!

Let us recognize that in no other field has the necessity for free individual initiative been more clearly demonstrated than in the science and art of medicine. It is of the utmost importance that everything be done to preserve those natural incentives to individual accomplishment. Compulsion and lack of natural rewards for individual improvement, such as must prevail in any political system of medicine cannot fail to have a deleterious effect upon all individual effort. Governmental medicine would of necessity and because of the manner in which it must be operated tend to freeze the present state of medical knowledge and check advancement.

State Medicine is un-American!

O. J. WALKER, M. D., *President.*

PURPURA AND HEMORRHAGIC DISEASES

By R. B. POLING, M. D.

It is necessary to have a thorough understanding of the physiology of normal blood clotting and the physiological causes of bleeding, if we expect to comprehend the mechanism of hemorrhagic diseases.

The components necessary for the formation of a normal clot and other factors that may play a role are:

1. Thromboplastin (cephalin, thrombokinas);
2. Antithrombin (heparin);
3. Prothrombin;
4. Calcium salts;
5. Fibrinogen;
6. Blood platelets.

Fibrinogen is probably formed in the liver and liberated into the blood stream to maintain the normal percentage of 0.4%. It has not been isolated and cannot be demonstrated and is the precursor of fibrin.

Prothrombin is the precursor of thrombin, exists in the blood in globulin structure and is derived from blood platelets. It is rendered inactive by Antithrombin (heparin).

Antithrombin is derived from the liver and exists there in large quantities released into the blood in sufficient amounts to prevent activation of prothrombin.

Thromboplastin is not present in blood plasma. It is derived from platelets partly after clotting has begun, but chiefly from tissue juice.

Calcium salts are present in the whole blood—10 mg./100 cc. blood—calcium ions unite with prothrombin to form thrombin.

The blood platelets (thrombocytes)—300,000 to 500,000/cu. mm. blood—their most important role is causing retraction of the clot giving strength and firmness to it in the final stages of coagulation.

The consecutive events that take place in the process of clotting are as follows:

Thromboplastin plus antithrombin—release of prothrombin;

Prothrombin plus calcium—thrombin;

Thrombin plus fibrinogen—fibrin;
Fibrin plus cellular elements—complete clot;

Complete clot plus platelets—retracted clot with cessation of bleeding.

Fibrinogen may become deficient if there is marked destruction of liver tissue and release into the blood stream is inadequate; as in atrophic cirrhosis and Banti's Disease.

Deficiency in calcium is probably the reason for prolonged bleeding in chronic obstructive jaundice.

Deficiency in prothrombin has been thought to be the reason for prolonged bleeding in Melena neonatorum.

Deficiency in blood platelets is by far the most common cause of hemorrhagic diseases. It is seen in Thrombocytopenic purpura, Aplastic anemia, aleukemic leukemia.

Slow formation of thrombin is the mechanism of hemophilia.

There must be an excessive amount of antithrombin to prevent thromboplastin from neutralizing all of it.

Hemorrhagic states are divided into three large classes:

1. Those due to decreased number of platelets;
2. Those due to failure of clot formation;
3. Those due to capillary weakness.

An adequate classification of conditions in hemorrhagic diseases is as follows:

Dysfunction of platelets

Decreased number

1. Excessive destruction;
2. Inadequate formation.

Failure of clot formation

1. Deficiency in fibrinogen;
2. Deficiency in calcium;
3. Excessive antithrombin;
4. Deficiency in thromboplastin;
5. Hemophilia.

Capillary Weakness

1. Nutritional disturbances;
2. Infections;
3. Toxic;
4. Allergic.

Dysfunction of the blood platelets is due to decreased numbers and altered function and if found in the following conditions:

1. Splenic destruction;
2. Ovarian deficiency;
3. Allergic conditions;
4. Aplastic anemia;
5. Leukemia and septicemia;
6. Chemicals (arsenic, benzol, radium);
7. X-ray;
8. Bone marrow megakaryocyte aplasia.

Failure of the formation of the clot is due to the deficiency of fibrinogen, deficiency of calcium, deficiency of thromboplastin, excessive antithrombin, and hemophilia.

Capillary weakness is due to allergic conditions, nutritional disturbances, infections (sepsis) and toxicity (as drugs).

In every case of hemorrhage the following laboratory procedures should be carried out:

1. Platelet counts;
2. Coagulation time;
3. Clot retraction time;
4. Calcium time;
5. Bleeding time;
6. Complete blood count.
7. Tourniquet test.

After this hemogram is obtained further procedures and deductions will be necessary.

If there is a reduction in blood platelets, it is due either to excessive destruction of platelets by the reticulo-

endothelial system or an inadequate output from the bone marrow.

If bleeding is due to the effect of the reticulo-endothelial system on the blood platelets, a splenectomy may be done to cure the condition. If it is due to the inadequacy of the bone marrow, there is no help. However, there is no adequate method to determine if the bone marrow or the spleen is at fault because the study of the bone marrow has not helped much. But the nearest one can come to the determination of these facts is by the study of the peripheral blood to determine the inadequacy of the bone marrow. The bone marrow is probably inadequate if there is excess of granulocytic deficiency in absolute numbers and if the white cell count is low in numbers. If this is the case, it is evidence that the platelet deficiency has its origin in the bone marrow, rather than excessive destruction of platelets by the spleen.

If the leucocyte count is normal or increased and if there is no other evidence of marrow insufficiency present, the chances are that thrombocytopenia is due to excessive spleen destruction and the condition can be classified as idiopathic thrombocytopenic purpura.

If the platelet count is not deficient, purpuric spots are due either to defective clotting mechanism or capillary weakness. The only disease that is due to defective clotting formation is hemophilia if characteristic family history can be obtained.

If the platelets are normal and if there is no prolongation of coagulation time, the disease is due to capillary weakness. In these cases there are no positive blood findings except prolonged bleeding time which in some instances is not present. The tourniquet test is positive in this type of purpura as well as those with low platelet numbers.

With these facts as a basis, we can now study the clinical aspects of hemorrhagic diseases.

Purpura is a condition characterized by a tendency to bleeding into the skin and from the mucous membranes. It is classified as:

I. Essential thrombocytopenic purpura hemorrhagica;

II. Secondary purpura;

III. Non-thrombocytopenic purpura (Purpura of capillary weakness).

The presence or absence of purpura depends entirely upon the condition of the blood and blood vessels.

Essential thrombocytopenic purpura was described by Werlhoff in 1735. In 1910 Duke demonstrated that hemorrhages resulted from decrease of blood platelets. The cause is unknown and is characterized by variable hemorrhages from the skin and mucous membranes, markedly decreased platelets in the circulating blood, prolonged bleeding time, normal coagulation rate, failure of clot retraction, and courses of remission and relapses with eventual cure in some patients by medical and surgical methods.

There is no significant geographical, racial, seasonal, or occupational incidences. It is a disease of young people. The average age is 19 years. It is rare in old persons. Some have permanent spontaneous remissions. It is more common in females than in males. The cause of the disease is not established.

The primary defect is the decreased platelet count. Whether the defect is due to splenic destruction or to faulty bone marrow is open to question. Studies have not determined any morphological alteration in either bone marrow or the spleen.

Essential thrombocytopenic purpura is either acute or chronic. There is a tendency to relapses and remissions. The chronic type is far more frequent than the acute.

History of previous and repeated episodes of bleeding is usually given. It may be developed without apparent cause or may be following infectious or operative procedure.

The onset is usually abrupt characterized by one of the following conditions: 1) nose bleed; 2) post-operative bleeding; 3) prolonged menstruation; 4) hematuria; 5) varying degrees of purpura. Some have only purpura, others excessive menstruation, others repeated nose bleed. Most patients are easily bruised after slight trauma. The spots may be pin point to petechia to large blue blotches to extravasation of blood. There are no significant physical findings and the spleen is not enlarged.

The laboratory findings may be: 1) reduced red cell count; 2) a hypochromic anemia; 3) normal leucocyte count or leucopenia; 4) reduced platelet count; 5) normal coagulation time; 6) prolonged bleeding time; 7) failure of clot retraction; and 8) positive tourniquet test.

In order to arrive at a proper diagnosis it is found that there is continuous or intermittent bleeding. Also the symptoms and findings recounted above are aids.

The treatment involves adequate bed rest, high caloric diet, good nursing, symptomatic therapy, repeated small transfusions—3 to 5 hundred cc. of blood every 3 or 4 days—, also removal of foci of infection. There is a question whether to remove the spleen during the first attack.

Eleven of 52 cases of Jones and Tocatin recovered spontaneously; two recovered by removing foci of infection; twenty-four recovered by repeated transfusions and one by splenectomy. If recurrences are too frequent and bleeding too severe, do a splenectomy. All but five out of 108 cases as reviewed out of the literature were improved or cured by splenectomy. Whipple found 34 recurrences out of 81 cases after splenectomy. It is likely that 50% are cured by surgery.

Splenectomy should not be done with patient in the acute form with severe hemorrhages nor should it be done with those in bleeding episode,

even though the cases be chronic. Splenectomy should be done only after the clinical course has been chronic and the blood values restored by transfusion and when there is no evidence of hemorrhages. Acute phases are treated by transfusions and remissions brought about. Transfusion and surgery are the main points in treatment. Radiation is of little value.

Practically all cases recover from the acute attack by medical measure, especially transfusion, but nearly all return to a recurrence of bleeding.

In deciding upon the proper treatment, one should first be certain of the correct diagnosis. Then give the patient a thorough trial with medical measure including small transfusions, bed rest, high caloric diets, good nursing, removal of foci of infection, if possible.

If the disease is an acute fulminant type, the condition may be fatal.

Non-Thrombopoenic Purpura

(Purpura of Capillary Weakness)

This group of hemorrhagic states are:

1. Those allergic in type;
2. Those associated with chronic infectious type;
3. Those of avitaminosis.

All of these are characterized by capillary dysfunction rather than by cellular alteration.

In this group are such conditions as:

1. Henoch's Purpura;
2. Schonlein's Purpura (Purpura rheumatica);
3. Erythema simplex;
4. Erythema multiforme;
5. Erythema nodosa;
6. Urticaria;
7. Angioneurotic edema.

This group involves lesions of these three locations:

1. Abdomen;
2. Joints;
3. Skin.

The basic change is an unexplained

weakness of the capillary system which may be general or local.

The theories are:

1. Histamine action;
2. Allergic states;
3. Changes in sympathetic nuclei;
4. Action of bacterial toxins;
5. Vitamin C deficiency.

Symptoms and physical findings are:

Allergic—

1. Fever;
2. Generalized pain;
3. Loss of appetite;
4. Headache;
5. General malaise;
6. Joint pains and tenderness.

Hench's Purpura—

1. Nausea;
2. Vomiting;
3. Diarrhea;
4. Colic-like abdominal pain;
5. Anemia;
6. Purpuric spots;
7. Hemorrhage.

Hemorrhagic disease of the new born—this is non-thrombopoenic purpura. Bleeding usually occurs under the skin, in the gastro-intestinal tract or from the umbilical vein. It occurs in both sexes. The cause is unknown. It appears spontaneously between the second and tenth day after birth. Hemorrhages may be into the brain and body cavity. Symptoms of hemorrhagic disease of the new born are:

1. That of cerebral hemorrhage;
2. Collapse and shock;
3. Tarry stools;
4. Coagulation and bleeding time are prolonged.

Treatment consists of transfusions of whole blood. Prognosis is good.

Hemophilia

Hemophilia is a hereditary disease characterized by the transmission of sex linked recessive Mendelian defect that results in delayed coagulation of the blood, repeated hemorrhages throughout life, occurring only in males, and transmitted by the females and affecting the males.

The inheritable constitutional defect in hemophilia is generally conceded to be transmitted as a recessive sex linked character. A heterozygon female while showing no evidence of the disease, transmits the recessive gene to half of her offspring and the dominant gene to the other half regardless of sex. The daughters by a normal father receiving the recessive gene will be like the mother, that is, heterozygon and carrier.

Since the rest of the daughters, while normal, are indistinguishable from the carriers, it is inadvisable for them to propagate.

The sons receiving the recessive gene will be bleeders since a sex linked character has no allelomorph in the male. Those sons who do not exhibit the disease cannot transmit it.

Marriage of normal man and female carrier results in one-half of the sons as bleeders and one-half the daughters as carriers with no way of telling which daughters are carriers.

Marriage of a bleeder and a healthy woman—all of the sons show no evidence of disease and are not bleeders. The disease stops with them. All daughters are carriers and can transmit it to half their sons and daughters. The male hemophiliac transmits the defect to all of his daughters and to none of his sons.

Marriage of a male bleeder and a female carrier—very rare—this results in half of the sons being bleeders, the other half free from the disease and one-half of the daughters carriers and the other half bleeders. This is the only theoretical instance where a female should show bleeding in this disease. Naegeli doubts that it has ever occurred. The probable reason why the disease does not occur in the female when it should according to the Mendelian Law, is the development of a double defect to the point of lethal stage and such embryos probably would not develop in utero. (Macklin.)

Nature of Defect

Wright showed in 1893 that the blood of hemophiliacs was characterized by a marked delay in time of coagulation. Coagulation time may vary from 15 minutes to many hours. When formed the clot is normal in clinical content and morphology. It retracts normally.

The defect of thromboplastin from platelets results in prolonged period of conversion of prothrombin into thrombin with resulting delay in coagulation. Platelets are resistant to the normal process of disintegration and release of thromboplastin. The symptoms are repeated and severe hemorrhage, spontaneous or result of trauma. The severity increases to the age of puberty. Coagulation time and prothrombin time are prolonged, other blood findings are normal. Treatment consists of:

1. Ovarian substance;
2. Transfusion;
3. Placental extract;
4. Apply cotton soaked in normal blood serum to wounds.

The prognosis is poor and most die before puberty.

RADIO PROGRAM

May, 1941

WKBN

- May 2—Dr. J. Allan Altdorffer—
Topic: Red Carnations or White.
- May 9—Dr. Edward J. Reilly—
Topic: Spring Tonics.
- May 16—Dr. Wm. F. Hatcher—
Topic: Management of Crossed Eyes in Children.
- May 23—Dr. O. J. Walker—Topic:
Invisible Handicap.

REPORT OF SPEAKERS' BUREAU May, 1941

- May 10—Dr. Walter K. Stewart—
Place Trinity Methodist Church—
Subject: Physical Aspects of Boy and Girl Relationships.
- May 19—Dr. Wm. M. Skipp—Place
St. Elizabeth's Hospital—Subject:
Objectives for the Woman's Auxiliary.

THIS MONTH

Annual Internes' Contest

Two from St. Elizabeth's Hospital and two
from Youngstown Hospital Participating

These young men have prepared splendid papers on timely
and important medical problems. This will be one of the
most interesting of the programs of the year.

• • •

Tuesday, June 17th, 8:30 P. M.

YOUNGSTOWN, CLUB

Summer Events

- **GOLF MEET**
- **Thursday, July 24**
- **Southern Hills Country Club**
- GOLF - - - DINNER**

• • •

- **ANNUAL PICNIC**
- **Thursday, September 11th**
- **Millikin's Farm**
- EATS - - - FUN - - - SPORTS**

THE MEDICAL CRIER

A Page of Sidelights, News and Views in the Medical Field

Now, in the ninth year of the reign of the mighty Caliph, it came to pass that a great concourse of savants and wise men learned in the healing art assembled in the City founded by Moses on the shores of an inland sea. And there were among them many who traveled from the far corners of the land to make pilgrimage and worship at the Shrine of Aesculapius. So that the inns were filled to bursting and there were those who had no place to sleep but spent the nights smoking fragrant leaves of incense and discoursing one with another on the teachings of the disciples. And others shared their beds with those who had the secret password, for there was among them a bond of priesthood so they were as brothers.

And one among them, young and fair of face with beard half grown, came from a City of great smoke where the sun was dim by day and great fires lit the sky at night. For he did thirst for knowledge and his feet were weary from traveling in a rut. And he did marvel greatly for lo! the hall wherein they met would hold the hosts of Pharaoh, yet it scarce contained the multitude. And his spirit quailed and he approached timidly to one who held a great book to number the throng and spoke to him thus, "Master, I come from the East and have not rich gifts, nor great price to pay." Then answered he who held the book and said, "Son, but show me your parchment whereon is written the magic words and all shall be opened to you without cost." And he did pin upon the young man's threadbare garment ribbons and ornaments of gold so that he could pass therein, even unto the upper room.

Then rejoiced the young man greatly, and he did go in with widely opened eyes to view the marvels. And behold! he saw there great machines which showed the inner parts

of man. And some there were who bound up broken limbs to heal in shells like stone. And some discoursed upon men's backs weakened by bearing burdens, and showed how they could heal as strong as Atlas. Some there were who made men sleep so that they felt no pain when priests drove out the devils with sharp knives. Then came he to a darkened chamber lit only at a distant part and he did grope his way to find a place among the silent acolytes. And there he saw upon the distant wall the images of priests and priestesses who ministered unto a woman in travail. And they did anoint her with oil of sesame and balsams, but no issue came forth. And they did cover her with purified garments and robes and she strove mightily to no avail. And no one who was unclean could touch her. Then came one who placed a shining crown upon her face and she did sleep. And the high priest strove with her and grasped the child and turned it and did draw it forth. And smote the child so it did cry out and the woman woke and heard it and rejoiced.

Now when the time came to depart, the young man journeyed with great haste to the city of smoke, for he was filled with the wonders he had seen. And at the city's gates he met one of the elders and cried out to him saying, "I bear tidings of great joy, for in the city of Moses I have seen new ways to heal men's bodies! I met there many brother disciples of Aesculapius and they are doing wondrous things!" Now the elder was learned in the law and in the government of peoples and he answered thus, "Give ear my son and put a bridle on thy tongue. Know you not that you have been associating with thieves and brigands? Only yesterday the word came of their punishment for combining together to restrain the trade and commerce of

the land. Go now, and mend thy ways!"

Then was the young man humbled and departed softly to his home and when there came those who

said, "What saw you in the great city of spires and minarets beside the shining sea?" he cast his eyes upon the ground and said—"I dreamed a dream."
J. L. F.

MEDICAL-DENTAL BUREAU ANNUAL MEETING

The Annual Dinner and Business Meeting of the Medical-Dental Bureau will be held at the Tod Hotel Piccadilly Room on the evening of Thursday, June 19, at 6:30 P. M. The dinner will be complimentary to the members and their guests, and a specially fine menu has been planned by the Committee. All members of the Mahoning County Medical and Corydon-Palmer Dental Societies are cordially invited, regardless of their affiliation with the Bureau. The Committee urges every one who plans to attend, to send in his reservation so that his office hours will not be disturbed by telephone calls from the Bureau about reservations.

There will be no speeches after the dinner. The financial report will be discussed, and three Directors will be elected to fill the positions of those whose terms expire. The members of the Board of Directors who retire this year are Drs. W. H. Hayden, H. E. Hathhorn, and R. B. Poling. Other Directors retaining their positions on the Board are Drs. W. J. McCarthy, D. A. Nesbit, P. J. Fuzy, L. G. Coe, and J. L. Fisher.

The Bureau staff now numbers fifteen employes, all actively engaged in furthering the business interests of the doctors. They are proud of their record this year in which more than one hundred thousand dollars was collected and paid out to the members. Part of this sum represents loans made under the new Budget Plan to assist patients to pay for needed dental and medical care. Through its banking affiliations the Bureau has been able to help patients meet the large items of expense which would otherwise prove burdensome,

or be handled in a slipshod manner, without having to pay high interest charges.

Through its program of credit rating and public education the Bureau has been able to improve professional credit in this vicinity, increasing the incomes of the doctors by an amount that cannot be estimated accurately. In pursuing its program of professional education it has sponsored a Secretary's Organization, has aided members to obtain competent office help, has assisted in promoting efficient office management and has conducted monthly luncheons where prominent guest speakers have appeared.

Members are urged to give serious thought to the election of new members of the Board. The Bureau is run on a purely democratic basis and every member has the right to express his opinion and vote as he pleases. The financial statement for the year will be mailed to each member before the meeting. Mr. J. L. Price, the Bureau Manager, urges everyone to attend, as he has some good news which will not appear in the statement.

DOCTORS

{ PHYSICIANS
DENTISTS

I have 3 large light front rooms, ideally arranged to form a suite for one or two physicians, or a physician and a dentist. Smallest room is 14x16 ft. Rental will be surprisingly low. Lincoln Ave. Claude B. Norris, M. D. Phone 3-7418.

EXAMINATIONS FOR APPOINTMENTS IN THE MEDICAL CORPS OF THE UNITED STATES NAVY

The next examination for appointments as Assistant Surgeon, U. S. Navy (Lieutenant [junior grade], Medical Corps, U. S. Navy), will be held at all major Naval Medical Department activities on August 11 to 15, inclusive. Applications for this examination must be in the Bureau of Medicine and Surgery not later than July 15, 1941.

Applicants for appointment as Assistant Surgeon must be citizens of the United States, more than twenty-one (21) but less than thirty-two (32) years of age at the time of acceptance of appointment, and graduates of a class "A" medical school who have completed at least one year of intern training in a hospital accredited for intern training by the council on Medical Education and Hospitals of the American Medical Association.

A circular of information listing physical and other requirements for appointment, subjects in which applicants are examined, application forms and other data pertaining to salary, allowances, etc., may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C., upon request.

An examination for appointment as Acting Assistant Surgeon for intern training in Naval Hospitals accredited for intern training by the council on Medical Education and Hospitals of the American Medical Association will be held at all major Naval Medical Department activities on June 23 to 26, inclusive. Students in class "A" medical schools who will complete their medical education this year are eligible to apply for these appointments, and if successful will receive their appointments approximately two months after the date of the examinations. Students in class "A" medical schools who will have completed their third year of medical education this

year are eligible to take this examination, and if successful will receive their appointments on or about July 1, 1942, after they have completed their medical education.

Applicants for appointment as Acting Assistant Surgeon for intern training must be citizens of the United States, more than twenty-one (21) but less than thirty-two (32) years of age at the time of acceptance of appointment. Acting Assistant Surgeons are appointed for a period of eighteen (18) months. After the appointee has served as an intern in a Naval Hospital for twelve (12) months, he is eligible for and may take the examination for appointment as Assistant Surgeon, U. S. Navy.

A circular of information listing physical and other requirements for appointment as Acting Assistant Surgeon, subjects in which applicants are examined, application forms, etc., may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C., upon request.

Assistant Surgeons and Acting Assistant Surgeons for intern training are appointed in the rank of Lieutenant (junior grade), Medical Corps, U. S. Navy. The pay and allowances for an officer of this rank total \$2,699 per year if he has no dependents, and \$3,158 per year if he is married or has dependents.

'Ow Should He Know?

An Englishman heard an owl for the first time.

"What was that?" he asked.

"An owl," was the reply.

"My deah fellah, I know that, but what was 'owling?"

—Milwaukee Medical Times.

SINCE LAST MONTH—

Dr. and Mrs. Charles H. Warnock are spending a month at Madison, Wisconsin, where Dr. Warnock is studying endocrinology under Dr. Elmer L. Sevringhaus. Evidently the postgraduate day was not enough for Dr. Warnock.

Dr. Milton N. Kendall was in New York City to attend the convention of the National Gastroenterology Society.

Dr. David H. Levy spent three weeks at Denver attending medical clinics at the University of Colorado.

Dr. and Mrs. Robert Mossman are spending some time in Washagami, Canada, at their summer home.

Dr. and Mrs. F. F. Piercy were in Los Angeles, Calif., at the home of their son, Mr. Roger Piercy. They stopped at Colorado Springs to see the Will Rogers Memorial.

Dr. and Mrs. William H. Bunn spent a short time at Atlantic City.

There were two new grandfathers in the Mahoning County Medical Society last month. Dr. Sedwitz has a granddaughter, Carol Brunswick Strassels, and Dr. H. E. McClenahan a grandson, Richard Eugene Sontag.

Dr. and Mrs. D. E. Montgomery have arrived home after having spent seven weeks in Los Angeles.

Dr. and Mrs. A. M. Rosenblum were in Swarthmore, Pa., to attend the graduation exercises of Swarthmore College. Their son Alex Morton Rosenblum will enter the Medical School of the University of Pennsylvania in the fall.

Dr. and Mrs. H. E. Fusselman motored to Staunton, Virginia, to see their sons H. E., Jr. and Randolph.

Dr. John M. Benkq has completed a nine months course in otolaryngology at Washington University in St. Louis. At the present time he is working with Dr. F. H. Hansel in nasal allergy. On November 1st, he plans to begin a two-year residency in EENT at Lakeside Hospital in Cleveland.

Dr. and Mrs. T. K. Golden announce the birth of a son, Peter, on May 8th at St. Elizabeth's Hospital.

Dr. and Mrs. W. O. Mermis have returned from a two-week trip to Kansas.

Drs. Bailey, Birmingham, Lasichak, Scheets and Skelley presented papers at the recent meeting of the Staff of St. Elizabeth's Hospital. Papers were in the nature of case reports. After the meeting, the intern staff entertained the visiting staff at a smoker in the internes' home. The staff enjoyed a buffet lunch and engaged in various games of chance.

Dr. L. G. Coe entertained the Staff of St. Elizabeth's Hospital at an evening Stag on April 12th, at his home.

Dr. J. M. Ranz was host to the Staff of St. Elizabeth's Hospital at his home Saturday evening, May 31.

Dr. D. H. Levy has returned from a two-week visit to the Colorado General Hospital in Denver where he participated in Medical Rounds and Clinics.

Dr. Edward Goldcamp gave a talk at the Western Pennsylvania Eye, Ear, Nose, and Throat Society, Sharon Country Club, Sharon, Pennsylvania, on "Diseases of Esophagus," Thursday, May 15th.

On May 22, Doctors Julia M. Baird, Louisa S. Cervone, Alice Elliot, Rose Middleman, Clara Raven, Helen Sharp were guests of the Overlook Sanitarium, New Wilmington, Penna. for a scientific program and dinner in honor of Dr. Margaret Craighill, dean, and Dr. Alma Morani, plastic surgeon, Woman's Medical College of Pennsylvania.

"Dr. Clara Raven is presenting a paper and an exhibit on Leptospirosis at the meetings of the American Society of Clinical Pathologists, Cleveland, May 29 to June 1; also a similar exhibit at the A. M. A. Convention, Cleveland, June 2-6.

THEOPHRASTUS BOMBASTUS

Thoughts on Memorial Day, 1941

This column is expected to be humorous. But the solemnity of the day and the miserable international situation are not conducive to clowning. The thoughts rather turn to the serious, and if ever we needed serious and clear thinking, it is now; so here are a few random thoughts.

Although not given to patrioteering, Theo believes that ours is the best form of government that has yet been devised, and that we are living in the best country in the world.

Let us talk fundamentals. Where else in the world can you speak your mind freely and openly, go where you choose, worship God as you please, and enjoy all other basic liberties of a civilized human?

Let the critics of our system show us a better one. Not untried theories—"pie in the sky"—but a system that has been proven workable, over a long period of time.

To be sure, our system is not perfect, but whatever the faults they can and will be remedied through our own democratic processes and in good time.

Anyway, this is no time for fault finding. We must realize that our way of life and our form of government are being challenged on many fronts, and all theoretical and tactical differences must be forgotten for the present.

This hour of peril is not a time for quibbling and bickering, but for concerted action and personal sacrifice.

John Steinberg said somewhere: "Fear the time when Manself will not suffer and die for a concept."

The day is at hand when we may have to suffer, fight and die for our concept of government and a decent world. Pray God that it does not come, but if it should, let us be ready to present a solid front to our enemies.

Help! Help!

Theophrastus has been double-crossed, outraged and stabbed in the back by one whom he held as his friend. He has nurtured a "wiper" on his bosom.

Some weeks ago Jimmie Fisher intimated to Theo that he was writing him a poem. Theo, the poor innocent, felt flattered and stuck out his chest. "Ah! A sonnet," he thought, "and well deserved."

But when the bulletin appeared the poem turned out to be a smear in labored quatrain. All because Theo did not agree with Jimmie's book criticism. Well, Theo still thinks that "For Whom The Bell Tolls" is a good (not goody-goody) book, while "Oliver Wiswell," which Jimmie praised so much, is a rather dull one. Kenneth Roberts' book is good Tory propaganda, which may have served the ephemeral needs of a presidential campaign. But preachments are very seldom good art. So there!

And here is coming right back at him with a "pome."

Alack, poor James, your literary dudgeon
Inspired no keen poetic rapier thrust,
Forsooth, your weapon is a heavy
bludgeon
Hence as a poet-critic you're a bust.

Ah, Jimmie, why the torrent of invective?
Because we thought your criticism defective?

Did we impugn your standing as physician?

Or, though we might, your talent as musician?

Indeed, we praised your prose and perseverance,

Spoke highly of your easy writing knack,
For which, alas, with friendliest appearance

You stabbed us in our literary back.

Your vile tirade and unprovoked aggression

Of weakness not of strength is a confession;

Control your pen and temper, brother James,

You cannot win your point by calling names.

SOCIALIZED MEDICINE

The Subcommittee on Economics has been at work about four months on the tentative constitution, by-laws, and structure of the medical service program, which we hope to put into effect in this community in the near future. The enabling act was recently passed by the Ohio State Legislature, and has specifically set forth most of the essential features of the structure. However, there are a multitude of details which will require considerable deliberation and research before the machine is set into action.

In the first place, the enabling act requires that the entire number of practising licensed physicians and osteopaths be represented by at least 51 per cent of their number, who have signed contracts for at least twelve months service, before a charter can be granted in any community. The income group has been definitely specified to include those single individuals without dependents who earned less than \$900.00 for the six months preceding their subscription, and for married individuals with either wife, or wife and family, who earned \$1,200.00 or less in the six months previous to their subscription. The enabling act has not attempted to set up a schedule of fees or a schedule of dues by subscribers, but has simply specified the amount of money required to capitalize the corporation.

The Committee has attempted to get all of the available statistical experience of such groups as the Toronto, the Michigan State, and other groups who have been in operation. The plans vary in different communities as to what services are included and as to the type of contract set up. The Michigan plan has about twelve months experience, and they have freely given us statistical data to serve as a basis for our proposed set-up.

The Committee has formulated a

skeleton structure of a constitution, by-laws, and basic economic considerations. A great deal of the group work remains to be done. In other words, representatives of the hospitals, laboratories, x-ray departments, medical specialists, general practitioners, osteopaths, etc., must be met, and their individual problems thrashed out before any attempt can be made to present a plan to the physicians.

The Committee realizes the great difficulties that must necessarily arise. We must ask the forbearance of the entire practicing profession in our attempts to get a workable program in order. The plan should certainly be safe and sound before it is put before the public, because a failure of the program in its first attempt would be a serious blow. We ask that the profession as a whole attempt to familiarize themselves with the enabling act, so that when they are called upon as special groups or as a whole group of physicians, they will be able to better understand the plan as it will be set up.

—LEWIS K. REED, M. D.

DEAN JOHN H. J. UPHAM TO BE HONORED

The Faculty of the College of Medicine, Ohio State University, is giving a dinner in honor of Dean John H. J. Upham, in appreciation of his lifelong service to the Medical Profession.

Dr. Upham retires this year as dean, due to the automatic age rule of the University. He has been connected with the teaching faculty since 1897. In 1908 he was elevated to the rank of Professor of Medicine in which capacity he served until he assumed the deanship in 1927.

Dr. Upham has served the medical profession in many capacities. He was president of the Columbus Academy in 1919; Editor of the Ohio State

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Medical Journal from 1907 to 1913 and president of the latter Association in 1914. His recent re-appointment to the Ohio State Medical (licensing) Board is a continuation of many years work, as his first appointment to this Board was in 1913 and he has been re-appointed continuously throughout this period. In 1930 he received appointment to the National Board of Medical Examiners and still serves.

The American Medical Association has been the recipient of much of his effort, in that he has served this organization in the following capacities: Judicial Council, 1922; Trustee 1923 to 1935, Chairman of the Board 1933 to 1935; and was President the year of 1937-38.

This banquet in Dr. Upham's honor will be held at the Neil House, Columbus, Ohio, Friday evening, June 6th.

Committee: Drs. R. C. Baker, L. L. Bigelow, S. A. Hatfield, R. G. Means, and H. M. Platter.

RUSSEL G. MEANS, M. D.

THE A. M. A.

The A. M. A. assembles at Cleveland this week under conditions for once justly to be characterized as gravely momentous. In the midst of the groans of a stricken world, our Profession girds for sweat, sacrifice, and blood.

We of the A. M. A. love our country. We love our way of life. We choose to keep faith with the Kind and Gracious Ruler of all men who trusted to the keeping of our fathers and ourselves the precious heritage of America!

Breathes there a man
With soul so dead
Who never to himself hath said,
"This is my own, my native land?"
Whose heart hath ne'er within him burned,
As home his footsteps he hath turned
From wandering on a foreign strand?

If such there breathe, go mark him well—
For him no minstrel raptures swell;
High though his titles,
Proud his name,
Boundless his wealth as wish can claim:
The wretch
Living, shall forfeit fair renown,
And doubly dying, shall go down
To the vile earth from which he sprung—
Unwept, unhonored, and unsung.

The A. M. A. will have a program worthy of the members of the greatest of Professions and of citizens of the greatest of nations. Let him who is tempted to falter read the poem again.

FROM THE SECRETARY

The regular monthly Council Meeting was held May 12th at the office of the Secretary.

The regular monthly meeting was held May 20th, at the Youngstown Club. Dr. John A. Toomey spoke to us on two subjects, "The Diagnosis and Treatment of Scarlet Fever, with Special Reference to the Use of Sulfanilamide, Scarlet Fever Antitoxin, and Convalescent Serum" and "The Portal of Entry of Poliomyelitis." Both of Dr. Toomey's talks were thoroughly enjoyed by all who were able to attend.

JOHN NOLL, M. D., Secretary.

Tells Time Inside

Hypochondriacs are often as amusing as they are difficult to treat.

Patient: "Doctor, I have such intense pain in my stomach and I notice it most while in bathing about one hour after lunch."

Doctor: "Yes? But you don't wear your wrist watch in bathing do you? How do you know the exact time?"

Patient: "Well, you see, Doctor, you may not know it but I have been told about my stomach and that is how I know. I have an hour-glass stomach."

(Submitted by Carleton Deederer, M.D., Miami, Fla.)



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The balanced formula of this prescription combines the neutralizing of the heavy carbonates, for quick relief, with the light carbonates for sustained action. Diastase converts excess starches into the digestible sugars—dextrose and maltose.

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WHAT PEOPLE ASK ABOUT HEALTH

By Robert Olesen, Assistant Surgeon General, United States Public Health Service

If the question "What *do* people ask about health?" were answered in one word, it would be "Everything." Such has been the experience of the Public Health Service in handling inquiries received by letter, post card, telephone, telegraph, and in person. In fact it may be said that there is nothing static about the interest of the people of this country in matters touching medicine, public health, and medical care. When apparently ample facilities have been provided for meeting an expected trend of questions, it is disconcerting to be confronted with new and unforeseen questioning.

*

The form and scope of the questions received by the Public Health Service can best be appreciated by scanning a number of topics selected at random. It will be noted that many of the queries in the accompanying list are such as to require library research, manifestly time-consuming in character. One wonders to what use much of the information may profitably be put.

List of Questions

Susceptibility of a person to rabbit fur.
 Progressive muscular dystrophy.
 Apyretic-nervous type of influenza.
 Dirt eating.
 Restoration of natural color to gray and faded hair.
 Action of steam-pressure cooking on vitamins.
 Causes of dehydration of hair.
 How to get rid of germ-phobia.
 Deek's ointment for ringworm.
 Agent which kills germs and deodorizes.
 Burnett's radium emanator.
 Ridding low-grown vegetables from infection.
 Rehabilitation of alcoholics.
 Newest equipment for doctors' use.
 Recent discoveries in medical world.
 Seydell remedy for arthritis.
 Rye bread in relation to ergot poisoning.
 Should menopause be accelerated or retarded?
 Number of insane per 1,000 by States.
 Spectacles for blind.
 "Are there drafts, besides in a stove."
 Bacteria in vegetables and canned food and diseases caused.
 How to preserve life.

Book "Your teeth; their care and preservation."

Filaria loa.

Garlic—20 questions on medical use.

Age of youngest human mother.

Correct temperature of drinking water.

Efficiency of carbon tetrachloride as against gasoline in destroying bacteria.

Ergot.

Bacteria on coins.

Slums, sweatshops, garden cities.

Temperature associated with normal menstruation.

Chemical agent for disinfection of razors and shears without rusting.

Cases of dysentery by States.

Gasoline as room disinfectant after communicable disease.

Dogs, rabies, and soiling of streets by dogs.

Formula containing mineral salts and vitamins essential to well-being.

Treatment of disease by violet-ray emanations.

What is Cryst-L-Dex?

Cure for cigarette habit.

Which regional divisions of the United States are most and least healthful?

Information regarding dextrocardia.

What has the President said about socialized medicine?

What has the Surgeon General said about health conditions in the South?

Diets for various conditions.

Incidence of communicable diseases in children under 16.

Incidence of nonnotifiable diseases.

Relative health conditions of whites and Negroes.

Solution that will toughen skin of hands so that exposure to cold may be more readily borne.

Use of dried chicken gizzard in treatment of cataract.

Hotels, train, and auto routes in warm United States climates.

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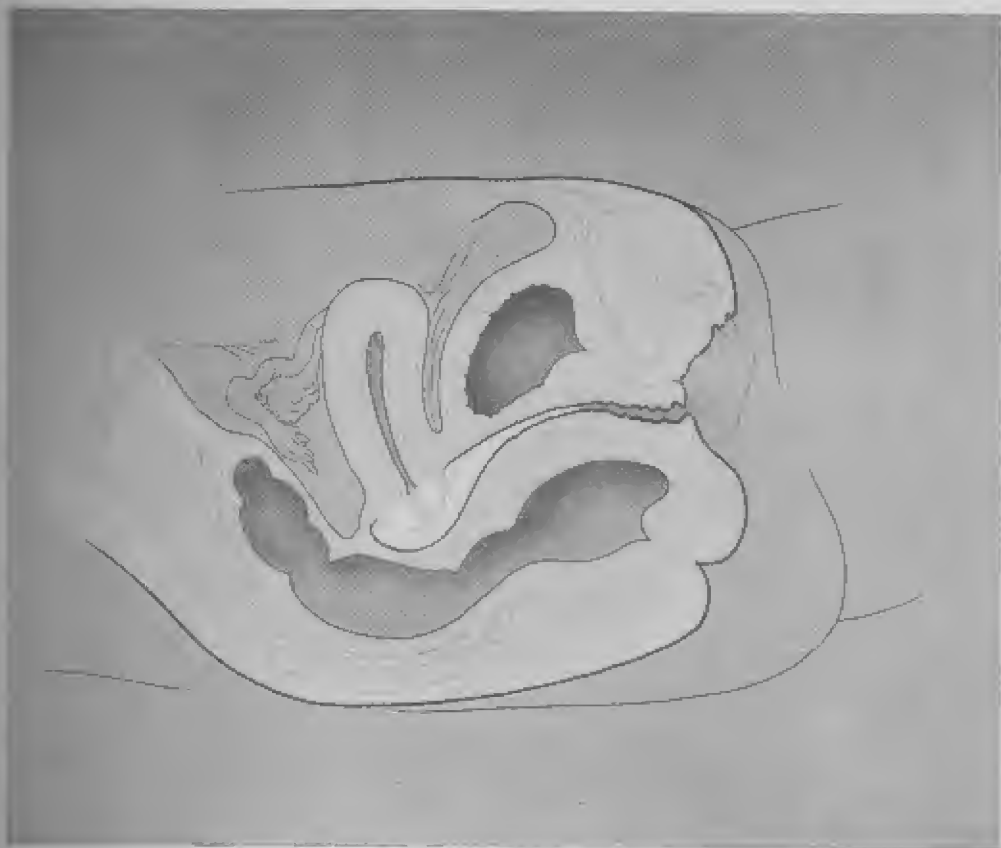
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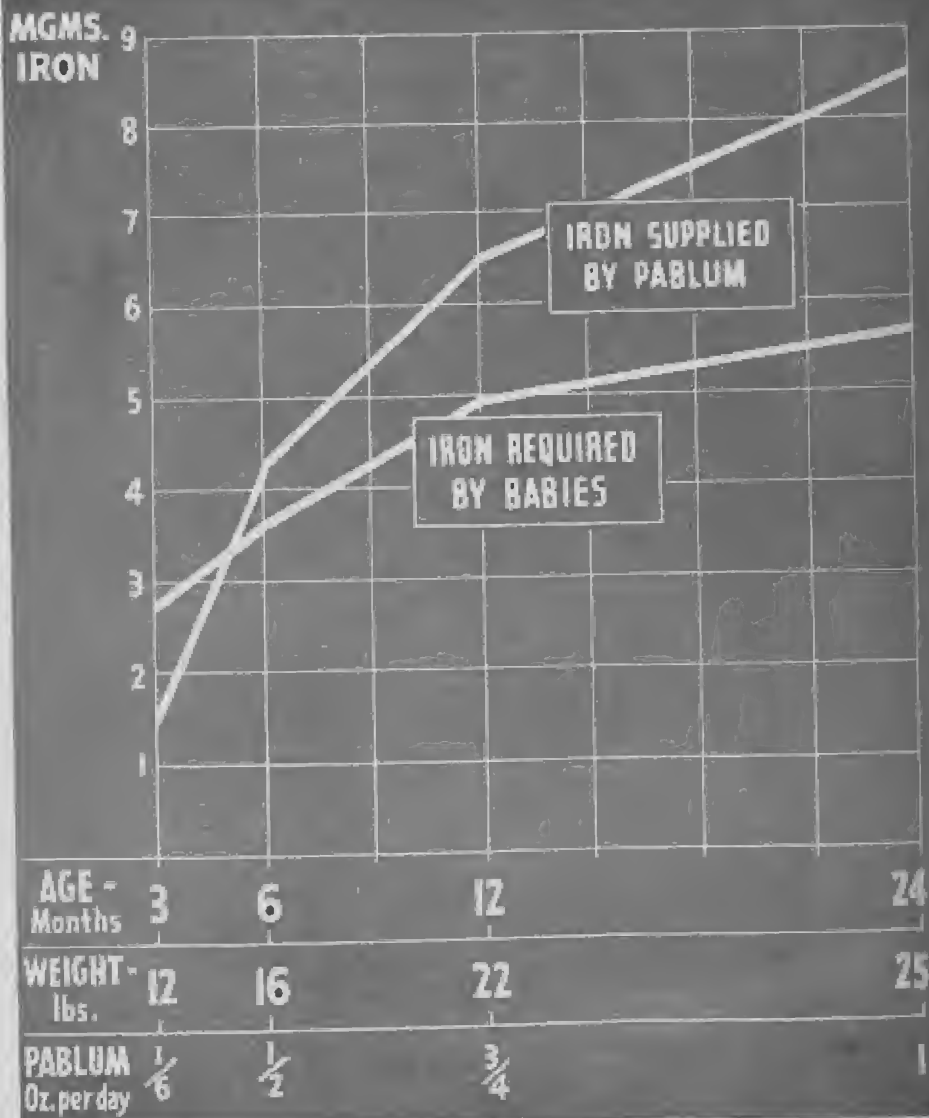
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